

Office of the State Public Defender CONTRACTOR TRAVEL INFORMATION

The following information is needed to process your travel costs. Please complete this form, transfer the dollar amounts to your claim form **by case number** and attach this as backup documentation. All motel receipts must be attached. Note that costs exceeding \$200 must be pre-approved. Meal receipts are not required, but you must include your departure and arrival times to claim meals, reimbursed at the current state rate. Mileage is also reimbursed at the current state rate (.485 per mile as of January 1, 2007).

NAME	VENDOR NUMBER
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MAILING ADDRESS

Date	Depart Time	am pm	Arrive Time	am pm	Destination/Reason for Travel	Client Name/ OPD Number	# Miles	Mileage Total \$	Meals (Per Diem)	Other Expense (Lodging etc.)	Total

OTHER EXPENSES

☐ List any additional expenses for reimbursement. Attach receipts.

CONTRACTOR SIGNATURE

DATE

APPROVED BY
(RDPD, CONFLICT MANAGER OR APPELLATE DEFENDER)

DATE